Exhibit B

Medical Service Support Iraq
Contract SAQMMA-11-D-0073
Task Order SAQMMA-15-F-1220

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Period of Performance:
Base Period: May 19, 2015 – May 18, 2016
Option Period 1: May 19, 2016 – November 18, 2016
Option Period 2: November 19, 2016 – May 18, 2017

1.3 Incentive Compensation

1.3.1 Post Hardship Differential Pay and Danger Pay

Post Hardship Differential Pay and Danger Pay, which are forms of incentive compensation, will be generally allowable. However, Government payment of such costs is contingent on the Contractor meeting all of the following requirements:

a) Paying Post Hardship Differential Pay and Danger Pay is part of the Contractor's established incentive compensation plan or policy, or employer/employee agreement entered into in good faith before the services are rendered, pursuant to FAR 31.205-6(f)(1)(i) (Bonuses and Incentive Compensation).

b) When paying Post Hardship Differential Pay and Danger Pay is part of the Contractor's established incentive compensation plan or policy, such plan or policy is followed consistently as to imply, in effect, an agreement to make such payment pursuant to FAR 31.205-6(f)(1)(i) (Bonuses and Incentive Compensation).

c) The Contractor's basis for paying Post Hardship Differential Pay and Danger Pay is supported, pursuant to FAR 31.205-6(f)(1)(ii) (Bonuses and Incentive Compensation).

d) Payment of such costs is otherwise consistent with FAR subpart 31.2.

e) Payment will be made only for areas identified as Post Hardship Differential Pay areas and/or Danger Pay areas in Section 920 of the Department of State Standardized Regulations (DSSR).

f) Payment will be made only for eligible employees. Eligible employees are employees:

   1. whose country of citizenship is not in the task order place of performance; and

   2. whose primary residence is in an area not identified in Section 920 of the DSSR, or an area identified in Section 920 of the DSSR with an applicable DSSR percentage that is less than the respective applicable DSSR percentage for the task order place of performance.

g) Payment for a given workweek for an eligible employee will not exceed the dollar amount resulting from multiplying the applicable DSSR percentage by the employee's basic compensation for the given workweek.

h) The applicable DSSR percentage will be the DSSR percentage effective at the time of task order proposal(s) (or upon task order award if feasible) under fixed-price arrangements (i.e., task orders or line items in a task order).

i) The applicable DSSR percentage will be the DSSR percentage effective at the time of task order performance for arrangements when payment is made based on actual costs incurred

(e.g., cost-reimbursement arrangements, materials portion of time-and-materials arrangements, and progress payments based on costs under fixed-price arrangements).

j) An eligible employee's basic compensation for a given workweek is the dollar amount attributable to the employee as a result of the employee's productive hours and paid time off (e.g., sick, vacation, holiday) hours for the given workweek. It is the employee's base salary/unloaded compensation for the given workweek. However, such compensation must:

1. benefit the task order; and/or

2. be an equitable amount that is necessary to support the overall operation of the business, although a direct relationship to any particular cost objective (e.g., task order) cannot be shown.

k) The number of hours included in an eligible employee's basic compensation for a given workweek cannot exceed the number of hours for the task order's normal workweek.

l) Basic compensation included in the fixed-price under fixed-price arrangements will consist of each eligible employee's negotiated base salary/unloaded compensation for the task order period of performance.

m) Basic compensation will consist of actual incurred base salary/unloaded compensation for arrangements when payment is made based on actual costs incurred (e.g., cost-reimbursement arrangements, materials portion of time-and-materials arrangements, and progress payments based on costs under fixed-price arrangements).

n) An eligible employee may receive Post Hardship Differential Pay and Danger Pay during paid time off only when the employee takes paid time off in the task order place of performance or in another Post Hardship Differential Pay and Danger Pay area, respectively.

o) When an eligible employee takes paid time off in another Post Hardship Differential Pay and/or Danger Pay area, payment will be based on the applicable DSSR percentage(s) for the task order place of performance.

p) Payment of Post Hardship Differential Pay for an eligible employee will not commence until the eligible employee has served 42 calendar days in the task order place of performance. Payment will commence on the first productive or non-productive day after day 42, and will not be retroactive to days previously served unless paragraph "q" immediately below applies. The 42 calendar days are not required to be consecutive, and "served" consists of productive time, paid time off, and time otherwise spent in the task order place of performance.

q) Once an eligible employee has served 42 calendar days in the task order place of performance, payment of Post Hardship Differential Pay will be retroactive to day 1 served in the task order place of performance if the task order place of performance is in an area identified in Footnote N in the Post Classification and Payment Tables in Section 920 of the DSSR. Currently, Afghanistan and Iraq are the only such areas.

r) Payment of Post Hardship Differential Pay for an eligible employee will conclude when the eligible employee departs the task order place of performance, unless such departure is to another Post Hardship Differential Pay area during paid time off.

s) For Post Hardship Differential Pay, when an eligible employee has not yet served 42 calendar days and returns to the task order place of performance after an absence from the task order place of performance, the number of days served resumes on the day of return. For example, if an eligible employee served 30 calendar days in the task order place of performance and departed the task order place of performance for 14 days, the day of return (day 44) will be considered day 31 of days served.

t) Payment of Danger Pay for an eligible employee will commence on the day of arrival in the task order place of performance and conclude on the day of departure from the task order place of performance, unless such departure is to another Danger Pay area during paid time off.

1.3.2 Bonus Costs

The Government will consider generally allowable payment of direct bonus costs. Such costs shall be allocated under Sub-CLIN 00XC which represents the materials portion of a time-and-materials contract. The following shall apply when payment is made based on actual costs incurred (e.g., materials portion of time-and-materials task order):

a) If paying direct bonuses is part of the Contractor's established compensation plan or policy, and followed consistently, pursuant to FAR 31.205-6(f)(1)(i) (Bonuses and Incentive Compensation), the first invoice for the task order shall include a copy of such plan or policy that describes in detail the Contractor's payment of direct bonuses to its eligible employees, including calculation method(s) of such payment.

b) If paying direct bonuses is part of the Contractor's established compensation plan or policy, the first invoice for the task order shall also include a description of how the plan or policy is followed consistently, and how the basis for the Contractor's payment of direct bonuses is supported, pursuant to FAR 31.205-6(f)(1)(ii) (Bonuses and Incentive Compensation).

c) If paying direct bonuses is part of the employer/employee agreement entered into in good faith between the Contractor and its employees before the services are rendered, pursuant to FAR 31.205-6(f)(1)(i) (Bonuses and Incentive Compensation), each invoice for the task order shall include a copy of the employer/employee agreement for each direct employee billed in that invoice.

d) If paying direct bonuses is part of the employer/employee agreement entered into in good faith between the Contractor and its employees before the services are rendered, the first invoice for the task order shall also include a description of how the basis for the Contractor's payment of direct bonuses is supported, pursuant to FAR 31.205-6(f)(1)(ii) (Bonuses and Incentive Compensation).

e) The Contractor shall submit evidence to support the reasonableness of the billed direct bonus costs.

1.4 Period of Performance

This task order is comprised of a one-year base period; and two six-month option periods that may or may not be exercised.

Base Period:	May 19, 2015 – May 18, 2016
Six-Month Option 1:	May 19, 2016 – November 18, 2016
Six-Month Option 2:	November 19, 2016 – May 18, 2017

2.0 STATEMENT OF WORK

2.1 Background

The mission of the Department of State (DOS) is to shape and sustain a peaceful, prosperous, just, and democratic world, and foster conditions for stability and progress for the benefit of the American people and people everywhere. The U.S. Embassy Iraq and provincial posts contribute to a sovereign, stable and self-reliant Iraq through activities such as strengthening the capacity of provincial institutions, encouraging foreign investment and economic development and providing limited services to American citizens.

The DOS is responsible for providing medical services to USG direct hires, third party contractors and third country nationals (TCNs) at its facilities throughout Iraq. Additionally, the DOS is tasked with providing medical support to other authorized foreign nationals, Department of Defense (DOD) military personnel, civilians, third party contractors and coalition forces.

2.1.1 Scope

As stated above, all work shall be performed in accordance with the terms and conditions of the base contract. Under this task order, the Contractor shall provide medical support services at DOS facilities within Iraq (see Table 1: Facility Location, Type and Population). The supported population at each facility can include the following: USG direct hires, third party contractors, TCNs, DOD military, civilians and third party contractors, and coalition forces. Local national support contractors will receive medical treatment for work related injuries or in case of an emergency. Local nationals that are not contracted to support the USG will be seen only if approved by the Chief of Mission (COM), Regional Medical Officer (RMO), COR or CO.
The Contractor is responsible for the management of primary, urgent and initial emergency care at each site listed below. The Contractor shall establish the support structure to include: personnel, administrative, financial, managerial, information technology, and logistical resources necessary to perform this work described herein.

Table 1: Facility Type, Locations and Population Supported

Location	Facility Type	Estimated Population at Risk	Hours of Operation
Baghdad Diplomatic Support Center (BDSC)	Large Diplomatic Support Hospital	1500-1800	0800 – 1800 (routine hours) with 24/7/365 emergency availability
U.S. Consulate Basrah	Small Diplomatic Support Hospital	750-800	0800 – 1800 (routine hours) with 24/7/365 emergency availability
U.S. Embassy Baghdad/ Baghdad Embassy Compound (BEC)	Health Unit	1800-2100[1]	0800 – 1800 (routine hours) with 24/7/365 emergency availability
Condor	Health Unit	*Refer to BEC Population at Risk	0800 – 1800 (routine hours) with 24/7/365 emergency availability
Erbil (Ankawa)[2]	Health Unit	150-200	6 days/week with 24/7/365 emergency availability

2.2 Requirements

The Contractor shall provide medical service support to the locations identified in Table 1 in accordance with the requirements set forth below. Primary care shall be provided by trained personnel, skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This includes providing and coordinating day-to-day broad spectrum preventive and curative health care over an extended period of time. Chronic illnesses will be limited to intermittent monitoring of simple chronic conditions appropriate. Common chronic illnesses usually treated in primary care include: hypertension, angina, diabetes, asthma, chronic obstructive pulmonary disease, depression and anxiety, back pain, arthritis and thyroid dysfunction. Continuity is a key characteristic of primary care. Primary care will be performed and managed by a provider at each site and when required will collaborate with other health

[1] Note: The DOS-operated HU also provides medical services to this population at risk
[2]The Contractor is only required to provide limited medical support at this location. These requirements are found in Section 2.2.4

professionals, and utilizing consultation or referral as appropriate. [Reference American Academy of Family Physicians].

For purposes of this task order, chronic care will be limited to preexisting, diagnosed and treated chronic conditions as appropriate to accepted standards of care provided by a generalist physician or mid-level provider in the U.S.

2.2.1 Health Unit Requirements

The following Health Unit (HU) requirements apply to the HU in the Baghdad Embassy Compound (BEC) and at Condor. The Contractor shall:

a) Provide on-site primary, urgent and initial emergency care for general medical, surgical, orthopedic, gynecologic, and mental health conditions; triage, stabilize and evacuate patients to the next level of medical care; and have the capability to keep up to two patients in the HU for up to 24 hours until stabilized or medically evacuated. Staffing shall be continuous and uninterrupted; coverage for illness and vacations shall be the responsibility of the Contractor.

b) Provide routine care during regular working hours and have at least one primary care provider with expertise in all aspects of emergency care available on a 24/7/365 basis.

c) Work closely with DOS/Regional Medical Office (RMO) and Regional Security Officer (RSO) staff on mass casualty planning, exercises and training. At each site, the Contractor is responsible for ensuring health unit and/or support hospital readiness. The Contractor shall ensure that the same level of standards and readiness is applied at each health unit and support hospital in theater.

d) Provide and maintain medical supplies and equipment, to include medical emergency equipment, basic formulary and vaccines, laboratory equipment and supplies at a level appropriate for the required services in this task order.

e) Establish a system to receive, store and provide personnel with recurring medical prescriptions being shipping through the Diplomatic Post Office (DPO).

f) Provide Electrocardiogram (ECG) diagnostic testing

g) Equip every location with a standard "crash cart" for storing medication for the implementation of Advanced Cardiac Life Support. Crash cart medication shall be equipped in medication trays in accordance with the approved list found in Attachment C. The Contractor shall inventory the crash carts on a monthly basis to determine if any items are missing, expired and perform a quality control check for any broken seals.

    1) Keep mass casualty (MASCAL) drug packages in stock for quick react and readiness.

h) Provide Behavioral Health support, ensuring that behavioral health personnel travel to other Chief of Mission sites on a monthly basis to provide care.

2.2.1.1 Baghdad Embassy Compound Health Unit

In addition to the requirements listed in Section 2.2.1, the following applies to the BEC HU. The Contractor shall:

a) Provision an ambulance to respond to emergencies within the walls of the Embassy compound on a 24/7/365 basis.
b) Provide limited mortuary services in accordance with the base contract and Attachment A of this Task Order.

c) Possess the ability to refill medical oxygen tanks.

2.2.1.2 Condor Health Unit

In addition to the requirements listed in Section 2.2.1, the following applies to the Condor HU. The establishment of a contingency medical treatment center is not necessary at the Condor HU. The Contractor shall:

a) Have at least one person on duty at any time with a moderate level proficiency in Spanish.

2.2.2 Basrah Small Diplomatic Support Hospital Requirements

The following Small Diplomatic Support Hospital (SDSH) requirements apply to the U.S. Consulate Basrah. In addition to meeting the requirements established in Section 2.2.1 and 2.2.1.1 for a HU facility, the Contractor shall establish a SDSH with the following capabilities that exceed those identified in a HU:

a) Staffing to manage a single patient with the required operating room technicians, nurses, anesthetists and the possibility of multiple injured or ill patients.
b) Basic x-ray, Focused Abdominal Sonogram for Trauma (FAST) Right Upper Quadrant (RUQ), renal, OB (tubal pregnancy), GYN, testicular, and Deep Vein Thrombosis (DVT) evaluations)
c) Appropriate number of trauma bays in the emergency medical and trauma unit for care and stabilization
d) Overnight bed capabilities for up to four patients for 48 hours (four beds total, two ICU beds and two regular beds)
e) Post-operative/intensive care capabilities for up to four patients to be stabilized until medically evacuated
f) Staffing to man one operating room table with anesthesia and supplies
g) Laboratory with blood bank
h) Gram Stain Testing
i) Capacity to utilize a certified lab for confirmatory and pathology testing

j) Computerized Tomography (CT) scanner with the capability to conduct non-contrast, contrast (oral and IV), and the ability to do PA-grams (ideally with venous run-off)
k) Establishment and maintenance of a contingency medical treatment center. The contingency treatment center shall be equipped with the appropriate medical supplies capable to sustain two critically ill or injured patients and 50 minor injuries for up to 48 hours. Additionally, the Contractor shall provide temporary mortuary affair (MA) holding capability (and associated equipment/supplies) that can accommodate up to three people.
l) Provide emergency dental care on a monthly basis. This emergency care will be within the scope of practice of general dentistry and be available to eligible patients.

2.2.2.1 Additional Services

The Contractor shall:

a) Provide timely response to medical emergencies with equipment that is appropriate to manage the initial evaluation and treatment of the patient and resuscitation from any life-threatening conditions. The patient will be transported to the Diplomatic Support Hospital (DSH) at BDSC or to the flight line for patient transport out of Iraq.

b) Include provision of ACLS care and Combat Life Support (or equivalent) to the compound perimeter to include the controlled access entry points. Coordination with the Tactical Operations Center (TOC) is required of the Contractor.

    1) The Contractor is required to respond within the barriers of the compound when the TOC notifies the hospital that emergency medical service response is required. The Contractor shall provide EMS on the scene, perform triage, initial resuscitation, and any advanced services required by medical necessity. The Contractor will be responsible for communicating with the DSH as needed. Immediately following the response, the Contractor shall re-stock necessary supplies and complete a standardized run sheet. The Contractor shall conduct regular inspections of the ambulance and its supplies to ensure readiness.

2.2.3 BDSC Large Diplomatic Support Hospital Requirements

The following Large Diplomatic Support Hospital (LDSH) requirements apply to the Baghdad Diplomatic Support Center (BDSC). In addition to meeting the requirements established in Sections 2.2.1 and 2.2.1.1 for a HU facility and Sections 2.2.2 and 2.2.2.1 for a SDSH, the Contractor shall establish a Large Diplomatic Support Hospital (LDSH) with the following capabilities that exceed those identified in a HU and SDSH:

a) Staffing to manage two surgical patients and multiple injured or ill patients
    1) Two surgical tables with accompanying anesthesia and supplies
b) Overnight bed capabilities for up to six patients (12 beds total, six ICU beds and six regular beds)
c) Post-operative/intensive care capabilities for up to six patients to be stabilized until medically evacuated

d) A system to receive, store and provide medical prescriptions to Chief of Mission personnel who are eligible and have agreed to the conditions of this service
e) Full time emergency general dentistry
f) Maintain a warehouse with adequate storage capability for medical supplies and consumables to support operations at the BDSC Hospital. The warehouse should also serve as the distribution hub for medical materials to fulfill routine and emergent requirements from outlining sites BEC, Condor, Basrah, and Erbil/Ankawa
g) Ability to support two surgical patients in the contingency medical treatment center

The BDSC Diplomatic Support Hospital (DSH) shall serve as the surgical referral center for the contractor-operated HUs located at the BEC and Condor as well as the Department-operated HU at the BEC.

The Contractor shall provide emergency care for Chief of Mission service animals. This is limited to providing care to the US working dogs in Iraq but only under emergency conditions that threaten life, limb or eyesight. All treatment will require the approval of the COR.

The contractor shall use its medical equipment and supplies on hand as well as their current clinicians at BDSC Large Diplomatic Support Hospital (LDSH) at no additional cost. The contractor shall not be liable for damages for injuries alleged to have been sustained by such animal or for damages for the death of such animal alleged to have occurred by reason of an act or omission in the rendering of emergency treatment. Contractor is required to exercise due and reasonable emergency treatment care.

2.2.4 U.S. Consulate General Erbil – Health Unit Requirements

To assist the DOS-operated HU in Erbil, the Contractor shall provide a licensed, certified and credentialed Registered Nurse (RN). The Contractor shall work with the Regional Medical Officer (RMO) and/or Foreign Service Health Practitioner (FSHP) to ensure seamless coverage of medical care at the Erbil HU. The Contractor shall perform the following duties:

a) Medical/Surgical nursing support to DOS clinic for general and emergency medical care.
b) Health orientation of new arrivals at the HU.
c) Complete patient registration forms.
d) Obtain medical clearances for all eligible beneficiaries.
e) Provide orientation on public health risks and preventive health behaviors.
f) Assess health and immunization needs.
g) Describe services provided by the HU and various roles of health care personnel.
h) Distribute copies of the Post Health Information Booklet.
i) Complete age and gender appropriate health promotion reviews.
j) Coordinate medical clearance examinations at the HU that will consist of the preparation of cables for fund cite requests, scheduling appointments, labs, and special tests required by Washington. Request consultations and additional studies to complete the clearance evaluation.

k) Assist medical personnel with clinical examinations, reviewing completed exams for completeness and send via Diplomatic Pouch to the Department's Office of Medical Clearances.
l) Package and ship lab specimens to the Office of Medical Service's lab, as directed.
m) Coordinate medical evacuation at the HU by arranged medical evacuations (MEDEVACs) through the FSHP and in coordination with MED/Foreign Programs, or other Regional Medical Evacuation Site. Accompany patient as a medical attendant as needed.
n) Maintain an immunization clinic for routine and travel immunizations. Includes the assessment of each new patient's immunization needs and make recommendation in accordance with immunization guidelines established by the Center for Disease Control (CDC) and the Advisory Committee on Immunization Practice (ACIP). Maintain a database with the Federal Requirements for record keeping of administered vaccines. Maintain the stock of immunizations.
o) Serve as a point of contact for the RMO/FSHPs and MED.
p) Be available outside of normal HU working hours.
q) Participate in the HU medical duty call rotation as appropriate.
r) Respond to urgent requests for medical information during off-duty hours.
s) In conjunction with the FSHP, report monthly patient statistics and provide input to Post Medical Capabilities Information (MCI) database.
t) Provide annual update of Post Health Information Guide and maintain an Accident Report Log.
u) Write health promotion/education articles for the Consulate newsletter. Provide health promotion and safety activities at the Consulate. Conduct health education programs to include first aid, CPR, smoking cessation and weight control. Document health promotion activities on DOS health promotions flow sheet.
v) Serve on other medical committees at the Consulate as necessary.
w) Maintain electronic record of policies and procedures for the HU.
x) Assist HR/ER and MED with obtaining medical information and completing documentation for local Office of Workers Compensation Programs claims.
y) Be on call 24/7/365 for emergencies. Work 6 days a week (5 clinical and 1 administrative day).

2.2.4.1 Training Requirements

Orientation training at the U.S. Embassy HU (Baghdad) provided by additional training and orientation specific to medical policies and procedures at the Erbil HU will be provided by the Government. The orientation(s) will focus on DOS medicine and clinical operations. The orientation topics will consist of a general list and will include, but will not be limited to: the review of DOS health record documentation and record management system; how to maintain an overseas medical record (paper or electronic); orientation to the MED Intranet website and MED specific medical applications such as MCI, Medical Clearance Look-up, scanned medical records search, TeleSOAP and RxNT (electronic prescribing tool); familiarization with MED medical clearance examination and medical evacuation processes; how to submit required monthly HU statistical reports; how to maintain immunization records and supplies; how to use ARIBA, place

orders, receive and stock medical supplies and how to dispense medications according to protocols approved by the FSMP; the review of MED's Nursing Protocols.

2.2.5 Public Health Assessments

The Contractor shall provide public health assessments and oversight to minimize the spread of illness or disease. The Contractor shall perform public health assessments at/on:

a) Food facilities, public facilities, Meals Ready to Eat (MREs), incoming food shipments, and food facilities in Iraq that supply the Mission.

The Contractor shall also respond and investigate all foodborne illness outbreaks and provide recommendations to the COR.

The Contractor shall perform all required food and water inspection services to meet the intent of the established requirements as outlined by the Codex Alimentarius, U.S. FDA, U.S. Department of Agriculture (USDA) and the U.S. DOS Water Safety Program. The Contractor shall apply ServSafe and Hazard Analysis and Critical Control Point (HACCP) standards and checklists where and when feasible. The Contractor's public health assessments shall work within the requirements set forth by this task order and in coordination with the COR and RMO. The Contractor shall be responsible for:

a) Food receipt inspections
b) Dining facility inspections (see 2.2.5.2)
c) Operational ration, MRE inspections (see 2.2.5.8)
d) Bottled water inspections (see 2.2.5.9)
e) American Embassy Baghdad Employee's Association (AEBEA) vendor and local vendors operating on Chief of Mission sites.
f) ROWPUs potability inspections
g) Annual confirmatory testing of ROWPU water, bottled water
h) Monthly confirmatory testing of food products as well as assessments of the water bottle manufacturers

The Contractor shall provide all resources to perform receipt food inspections, , public and food facility inspections, foodborne illness outbreak investigations, , vulnerability assessments and quality assurance (QA)/quality control (QC) monthly reports for all DOS facilities. These requirements shall meet or exceed established requirements as outlined by the FDA and USDA. Dining facilities shall be inspected on a routine basis or as determined by the individual sanitation history and the potential risk associated with the number of personnel eating at a single site. All incoming food shall be inspected to insure temperature requirements have been met and containers have not been tampered with while in transit. Periodic review of site-specific vector control programs to insure adequate remediation of potential vector borne infectious disease threats and document negative trends. The Contractor shall be readily available to address potential public health concerns and address potential health complaints of residents. When a complaint is received the Contractor shall notify the COR within 24 hours.

The Contractor shall provide all inspections in an electronic format and provide trend results on a monthly basis.

2.2.5.1 Quality Control and Trending

The Contractor will develop food and water inspection SOPs (standard operating procedures) and, upon COR approval of the SOPs, apply the SOPs during periodic site inspections. The Contractor shall provide monthly quality control reports and perform overall trending by facility and contractor to the COR. All phases of dining facility operations shall be evaluated against contractual requirements. In facilities that have extended hours, inspections shall vary with hours of operations. The Contractor shall provide monthly reports on QC, trend analysis, inspection findings and notification to DOS when follow-up action is needed or a health hazard is identified during data analysis. The Contractor shall work with the COR to ensure any high and medium risk public health assessments are resolved. The Contractor shall review facility inspections to ensure all facilities meet requirements, ensure appropriate food handlers training is completed, review food service workers medical requirements and publish results. All inspections and interactions shall be completed via electronic and written evaluations and include recommendations for improvement.

In the event of a serious health hazard or risk, the COR, RMO and Post Management shall be made aware of the finding in writing within 24 hours. All inspections shall be documented and signed upon completion of the inspection; the Contractor shall maintain a copy in the food facility safety folder.

2.2.5.2 Facility Inspections

The Contractor, using approved SOPs, shall inspect all facilities serving food and/or beverages. Inspections shall be carried out without prior notice and during hours of operation. Each inspection shall be documented, signed by the COR or designee. The inspection documentation shall be placed in the facility food safety folder and keep on site at all times.

All identified issues shall be reported to the COR or designee; issues requiring additional time shall have a written plan, approved by contract management and placed in the facility food safety folder, to include work orders and training needs. Major issues that pose a risk to human health shall be elevated immediately to the COR and Site Management.

2.2.5.3 Public Facility Inspections

The Contractor shall conduct periodic inspections of all public facilities on Mission Iraq site and will local food vendors, barbers, hair stylists, manicurists, locker rooms, port potties, and communal bathrooms and showers. Inspections shall be documented and trended; issues shall be identified to the COR in writing for resolution.

2.2.5.4 Food-Borne Illness Investigations

In the event of a reported foodborne illness outbreak, Contractor public health personal shall go to the food facility to follow-up and investigate, review current food preparation practices and interview patients being treated for foodborne illness. The Contractor will also conduct confirmatory testing to determine if there was a pathogen associated with the outbreak. Once a determination has been made and the potential problem remedied, the Contractor shall provide the COR with a complete report with recommendations.

2.2.5.5 Freezer Power Outage

If there is a freezer outage/power interruption, the Contractor shall assist in determining what food can be salvaged as safe for human consumption. If food is condemned, a full inventory shall be issued and food destruction shall be witnessed by Contractor.

2.2.5.6 Meals Ready to Eat (MREs).

The Contractor shall conduct periodic inspection of MREs that are held as emergency backup rations in the event of disruption of supply from Kuwait. A sample of these meals shall be inspected monthly inspecting the condition and expiration dates documented and reported. If MREs are nearing their expiration date and requirea shelf life extension, organoleptic testing shall be completed. If the MRE test results are favorable, an extension will be granted and if unfavorable, condemnation documentation will be provided. Reporting of MRE status and numbers shall be included within the monthly documentation forwarded to COR for review and comment.

2.2.5.7 Potable Water Safety

The Contractor will conduct sanitation assessments of water bottle manufacturers in Iraq who have established contracts with the Mission. The Contractor will conduct an initial sanitation assessment followed by bi-annual assessment to determine if the bottled water purchased by the Mission is safe for consumption. The assessments will include all phases of the water purification system, consisting of pre-operational sanitation, production, and post operational clean-up. The contractor will also collect and test water samples on a bi-annual basis.

The Contractor will inspect and report on the potability of water supply obtained through Reverse Osmosis Water Purification Units (ROWPUs) in accordance with DOS Drinking Water Safety Program (August 2004). [Amendment 1, March 2013]

Bottled water shall be randomly sampled to test for the following acceptance standards:

a) The product will be clear, with no perceptible odor and safe for human consumption.

b) Tested for E.coli. Presence of E.coli at any level will result in rejection of the entire shipment.

c) Bottled water will be tested for total coliform. Presence of coliforms at any level will result in a recommendation to reject the entire shipment.

The Contractor will conduct an initial baseline testing of all ROWPUs with follow up testing as required by the referenced DOS Safety Health Environmental Management (SHEM) Program.

2.2.5.8 Food Extensions and Condemnations

If a food or drink item is nearing or has reached its expiration date and needs an extension of shelf life, organoleptic testing shall be completed using the contractor's food lab. If the test results are favorable, an extension will be granted and if unfavorable, condemnation documentation will be provided.

2.2.6 Diplomatic Security Support

The Contractor shall support the Bureau of Diplomatic Security (DS) by providing its personnel, to include third party support contractors (hereinafter referred to as DS security contractors or "DSSC") with monthly drug testing, periodic physicals and medical validation and verification of Advanced Emergency Medical Technicians (AEMTs) and paramedics[3] at the BEC, Condor, BDSC, Basrah and Erbil (note: the Contractor will not be responsible for performing physicals at the Erbil HU). The Contractor shall ensure each AEMT and/or paramedic is credential and certified to provide health care in accordance with the scope of medical practice being performed.

2.2.6.1 Physicals

The Contractor shall:

a) Provide annual physicals to the DS security contractors (DSSC) located at the BEC, Condor, BDSC and Basrah.

b) Schedule the security contractor and notify them of their appointment time.

c) Inform the DSSC of the necessary requirements to request physical examinations (PE) and provide the necessary paperwork. All appointment conflicts will be resolved between the DSSC site lead and medical Contractor's site lead/director.

The DSSC will coordinate annual PEs with the Contractor's Program Management Office (PMO) or designated medical site director identified in Section 4.2. The DSSC employee will present themselves to the Contractor's medical exam site with completed paperwork and in accordance with the directions given by the medical site director.

[3] The current Worldwide Protective Services (WPS) contract ends on September 30, 2015. The next iteration of the WPS contract will include paramedic labor categories. As a result, the Government reserves the right to task the contractor with providing quality assurance services outlined in Section 2.2.6.7.

The DSSC employee will undergo the diagnostic testing required for each PE and if deemed necessary by the medical provider, be referred back to the DSSC for further diagnostic testing or follow-up. If a DSSC employee is required to obtain further diagnostic testing, the Contractor shall determine if this testing is available at the HU or DSH or if the DSSC employee will need to depart Iraq to complete the diagnostic testing. If the Contractor determines the individual needs diagnostic testing not available in Iraq, the DSSC will be notified and will be responsible to make the necessary arrangements to complete the diagnostic testing. Once completed, the individual or DSSC will forward the documentation to the Contractor for review and inclusion in the PE record. Once the PE and diagnostics are completed and reviewed, the Contractor will enter the information into their medical digital records system followed by a recommendation that: 1) the individual is capable of performing their current job; 2) the individual needs further evaluation by their primary care provider at their home of record or within Iraq if possible; or 3) the individual does not appear to meet the standards of health or fitness for their current job. The recommendation and paperwork will be provided to the DS GTM or designee, DSSC and the individual.

The medical waiver process will be the responsibility of the DSSC in accordance with their respective contract and company policy.

2.2.6.2 Urine Drug Testing

The Contractor shall:

a) Be prepared to test for the following drugs utilizing a 12 panel rapid urine test: Cannabinoids, Opioids, Cocaine, Amphetamine and Methamphetamine, Phencyclidine (PCP), Methadone, Benzodiazepines, Propoxyphene, Methaqualone, Barbiturates, Oxycodone, and Tricyclic Anti-depressants. Steroid testing shall, at a minimum, include testing for Oxymetholone, Oxandrolone, Methandrostenolone, Stanozolol, Nandrolone Deaconate, Nandrolone Phenpropionate, Testosterone Cypionate, Boldenone Undecylenate and Tetrahydrogestrinone (THG).

b) Provide all resources (e.g., equipment, supplies) to perform random and non-random drug and steroid testing for DSSC personnel at BDSC, BEC, Condor, Basrah and Erbil.

c) Refer to the requirements set forth in 3 FAH-1 H-2110 Drug-Free Workplace (updated 09-08-2014), and the relevant Overseas Protective Operations (DS/OPO) Worldwide Protective Services (WPS) contract.

d) Provide biannual drug and steroid testing as well as non-random testing upon reasonable suspicion, post-incident, or a follow-up to a non-negative result as coordinated with the DS GTM or designee. The Contractor will utilize its clinics for the testing. Non-negative results will be reported to the DS GTM or designee, DSSC and COR.

e) Use a 12 panel rapid urine test for the initial screening and in the case of a non-negative result (i.e., positive or inconclusive), for a second screening. In the case of a second non-negative drug test result, the urine specimen shall be prepared utilizing strict custody and

control procedures and shipped to a Continental United States (CONUS) Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory for analysis and confirmatory testing.

f) Prepare a steroid urine specimen utilizing strict custody and control procedures and will transport the specimen to a CONUS MHSA certified laboratory for analysis.

g) Not use a rapid test for steroids, but will prepare a separate steroid urine specimen utilizing strict custody and control procedures.

h) Document using the Contractor's digital documentation system and provide to the DS GTM or designee when there is a non-negative testing result of a drug or steroid.

Substances being testing for may change during the task order period of performance. All requests will originate from DS and will be made in coordination with the COR and CO prior to taking effect.

2.2.6.3 Procedures for Random Drug Testing

The DSSC will be responsible for forwarding to the Contractor, a list of all employees and personnel identified to undergo random drug testing. The DSSC will send the list to the Contractor seven days prior to the last business day of each month, with testing of the listed individuals to be conducted the following month. To aid in entering the information into the Contractor's automated data base, the employee roster will be in a format as directed by the Contractor. The Contractor shall contact the DSSC to address any questions or concerns it may have. The Contractor shall coordinate with the DS GTM or designee to schedule random drug or steroid testing by location. The DSSC will provide the testing appointment information to their employee(s) and contract personnel, in accordance with 3 FAH-1 H-2110. All employee appointment conflicts will be resolved between the DS GTM or designee and the Contractor's medical site lead/director. The Contractor and the DS GTM should schedule a mutually agreeable appointment for the UDS testing to prevent after hours testing and overtime for the Contractor. On a case by case basis, the MSSI COR may approve overtime when testing during regular hours interferes with mission requirements. All overtime for testing shall have prior approval from the COR.

The DSSC personnel will complete the random drug test at the reserved time period. DSSC personnel must be accompanied by their supervisor or DSSC-designated POC. The supervisor or DSSC-designated POC must witness the collection of samples to ensure the test's integrity is maintained.

In the event an initial test result is non-negative, the DSSC employee will be tested with a second rapid kit. If the second test result is non-negative the Contractor shall notify the DS GTM and the employee's employer as soon as possible (this will consist of a verbal notification, the Urine Initial Drug Screen Result Form with the date, initials of the person giving the drug test and signature of the employee receiving the drug test on the form. The DSSC will be responsible for following up with a written notification to the DS GTM within 6 hours of verbal notification). If

the second screening result is non-negative, the Contractor shall prepare the urine specimen for shipment to a certified SAMHSA laboratory for analysis and confirmatory testing. Upon receiving the results, the Contractor shall update its documentation and forward the results to the DS GTM and the employee's employer.

2.2.6.4 Random Steroid Screening

The Contractor shall prepare a steroid urine specimen utilizing strict custody and control procedures and will ship it to a certified SAMHSA laboratory for analysis. The Contractor shall ensure that the samples for steroid testing are of sufficient quantity to allow for confirmation testing. Upon completion of the test, the Contractor shall document the results and submit a report to the DS GTM. If the results are non-negative, the Contractor shall notify the DS GTM, the employee's employer and the COR immediately. In the case of a non-negative result, a second confirmation analysis shall be performed using the original sample material. Upon receiving the results of the confirmation test, the Contractor will update the documentation and forward the results to the DS GTM.

2.2.6.5 Non-Random (Post Incident, Reasonable Suspicion, Follow-up) Drug and Steroid Testing

DS may request the Contractor to initiate a non-random drug or steroid test. If required, the Contractor shall perform a medical evaluation prior to the drug or steroid test. The Contractor shall coordinate with DS to reserve a slot at the clinic to perform the non-random drug or steroid test. The DS supervisor, GTM or designee will accompany the DS employee or DSSC contract personnel for any post-incident or reasonable suspicion testing. The DS employee or contractor personnel will complete the non-random drug or steroid test at the HU or DSH, following the processes identified in sections 2.2.6.3 and 2.2.6.4.

2.2.6.6 Medical Review Officer

The Contractor shall provide Medical Review Officer (MRO) services for DS-support drug testing. The MRO shall be a licensed physician and MRO-certified. The MRO shall function as the objective gatekeeper of laboratory drug test results. The MRO shall be responsible for:

a) Interviewing donors who have non-negative results and reviewing their medical file to determine if prescription or non-prescription medicine or nutritional supplements use played a role in those results.

    1) Requesting a legally valid and medically-necessary prescription for the substance(s).

b) Reviewing prescription and non-prescription drug usage reported by Client employee and contractor personnel and advise the DS on possible side effects/interactions, to allow the DS to make an informed decision regarding allowing such personnel to carry firearms while taking the medication(s) in question.

c) Providing feedback to proper personnel as needed, maintaining the necessary amount of confidentiality when reporting test results.

2.2.6.7 AEMT Quality Assurance Activity Support

The Contractor shall:

a) Assist the DS GTM or designee in setting up and conducting medical skills verification activities related to the DSSC medical personnel labor categories.

b) Support medical skills validation activities, to include both cognitive testing and psycho-motor skills validation stations. Skills validation and test scoring will be conducted by a direct hire FP-6134 Medical Specialist (Protective), working as the Assistant Contracting Officer's Representative (ACOR) within the Regional Security Office. This support may include the development of cognitive written examinations for review and approval by the WPS Medical ACOR, as well as administrative support and administering the examinations. The Contractor shall provide teaching space and necessary training aids to support psycho-motor skills testing at the AEMT level, as well as teaching assistants. The Contractor shall provide this skill testing support at BDSC, Basrah, Erbil and BEC.

c) Develop, under the direction of the WPS Medical COR or ACOR, a continuing education manual, ensuring the integration of basic principles and scope of practice.

d) Provide DS with a template Scope of Practice and Standing EMS Guidelines that may be provided by the USG to the DSSC, and refined by the DSSC' Medical Director(s) into contractor-specific clinical protocols for use in Iraq for EMS. The guidelines shall adhere to the US NHTSA National EMS Scope of Practice Model and will serve as to assist the USG in standardizing EMS, providing a consistent and common understanding for the required skills and competencies required of DSCC medical personnel. The DSSC vendors will ensure that the USG guidelines developed by the Contractor and approved by the WPS Medical COR or ACOR, are adapted to vendor-specific medical protocols by the DSCC EMS medical director and provided to their respective security contractors.

e) In coordination with the WPS Medical ACOR, develop monthly 3 hour continuing education activities in a curriculum that, over the course of a two year cycle, satisfy the National Registry of EMTs AEMT recertification requirements (based on topics and hours).

f) Not provide medications to the DSSC AEMTS, nor will the Contractor be required to provide replenishment supplies for medical/trauma bags, as this is a requirement of the DSSC.

2.2.6.7.1 Development and Delivery of Tailored Continuing Medical Education

The Contractor shall ensure that for any scheduled medical training, the DSCC AEMTS are invited and integrated to the maximum extent practicable. The Contractor shall monitor and

document the EMTs training on their knowledge of the provided scope of practice and protocols, 9-1-1 notification system and use of communications used in Iraq. In addition, The Contractor shall conduct training on patient movement and treatment. The Contractor's EMS Director/EMS Supervisor along with the DSSC' AEMTS direct supervisor will track the respective dates of when the training was completed. The Contractor's EMS Director/EMS Supervisor will send quarterly reports to the DS GTM or designee and the security contractor's Local Program Management Office (LPMO). The quarterly reports shall include:

a) Training report/skill check sheets (applicable skill sheet for each DS-support medic)
b) Notification of any certifications expiring within 90 days
c) Protocol test results for all of the clients AEMTs
d) Document stating the AEMT has read and understands the guidelines and protocols of standard practice

2.2.6.7 Paramedic Quality Assurance Activity Support

The Government reserves the right to task the Contractor will conducting paramedic quality assurance activity support.

The Contractor shall establish a skills validation and continuing education program for DSCC paramedics, following the requirements established in Section 2.2.6.7.

2.2.6.9 Contractor Personnel Qualifications

In addition to the qualifications specified in Section 4.0, the Contractor shall:

a) Ensure that the personnel assigned to drug testing administration are trained to meet U.S. standards for obtaining a urine specimen, conducting and reading a rapid drug test and establishing proper chain of custody procedures to transport urine specimens to a laboratory for analysis.

b) Ensure that personnel participating in EMS Quality Assurance Activity Support (2.2.6.7) are able to demonstrate knowledge and experience in providing continuing medical education and skills assessment for METs at the Intermediate-85 level or above.

3.0 PROGRAM MANAGEMENT

The Contractor is responsible for the management of several health care facilities in Iraq. As a result, the Contractor shall establish the overall program management office support structure for seamless operations. This includes: personnel, administrative, financial and managerial resources necessary to support the work requirements. The Program Management Office (PMO) shall be staffed with personnel that possess the experience, qualifications and skills to manage the program within budget, operational and schedule constraints.

The Contractor shall provide all personnel, equipment, tools, materials, supervision, other items, and non-personnel services necessary to perform program management services as defined in

this sub-section. The Contractor shall perform to the specifications and standards provided in the base contract and the Contractor's quality control plan. The Contractor shall use proven methodologies that assure that all activities are identified, documented, and tracked so that the contract will continuously be evaluated and monitored for timely and quality service. The Contractor shall delivery a monthly status report to the Contracting Officer's Representative (COR).

Program management objectives require providing responsive and high-quality program and project management support for the delivery of health care services and public health assessments among the five supported DOS locations under this task order. The Contractor shall:

a) Provide high-quality program and project management expertise, assuring the continuous delivery of the highest quality health care services to U.S. standards at each of the five supported health care sites.

b) Assure all sites maintain 100% medical service readiness over the course of the task order.

c) Provide a public health program responsible for the oversight of all food facilities at COM sites, public facilities, MREs, incoming food shipments, foodborne illness outbreaks and reporting as well as vulnerability assessments of food facilities in Iraq.

d) Provide an emergency medical response program for all five supported locations.

e) Oversee and provide medical oversight, training, and validation to support DS.

f) Develop and maintain SOPs for the following: overall Management Approach to include a contract Staffing Plan, Risk Management Plan, Health Service Support Approach, Logistics Management Plan, Maintenance Plan, Staff Rotation Plan, Transportation Plan and Transition Plan. In developing the SOPs, the Contractor shall incorporate process improvements and industry best practices. The Contractor shall review, maintain and update the SOPs if the Government decides to exercise either of the two six-month option periods. The contractor shall ensure that SOPs include:

    1) Performance Standard
    2) Acceptable Quality Level (AQL)
    3) Definitions
    4) Required Procedures
    5) Organizational Structure/Key Personnel
    6) Performance Measures/Metrics
    7) Quality Control/Assurance
    8) Process Flow Diagram's as required

3.1 Quality Control Plan

The Contractor shall provide a Quality Control Plan (QCP) within thirty (30) days of task order award. The QCP shall ensure services provided are in accordance with this task order. The Contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services.

3.2 Quality Assurance Plan Metrics

In accordance with Provision E.3 of the basic contract, metrics will be determined by mutual agreement of the parties and incorporated in whole or in part into the Government's Quality Assurance Surveillance Plan (QASP). This plan is primarily focused on what the Government must do to ensure the Contractor has performed in accordance with the performance standards. It defines how the performance standards shall be applied, the frequency of surveillance, and the minimum acceptable defect rates. See table below:

Standard (Objective)	Method of Surveillance (Measures)	Acceptable Quality Level/ Minimum Satisfactory Rating (Expectations)
All Contractor Personnel are qualified, and/or have the proper training, credentials, certifications, and licenses in accordance with the contract. HIPAA, FACT, Training, TIPS, and training IAW Section C.6.6 (Position Descriptions)	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: All personnel are trained IAW with the contract Amber: 5 or less personnel having any single day unqualified during the month Red: 6-10 personnel having any single unqualified during the month Black: 11 or more personnel having any single unqualified during the month
At each DSH, CHS will ensure they have a Surgeon, CRNA, OR Nurse, and Lab and X-ray Tech to perform surgical services. DSH/HUs will have at minimum a mid-level and a registered nurse; 100% of essential positions will be backfilled during R&R.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 100% Staffed Amber: 90-99.9% Staffed Red: 80-89.9% Staffed Black: > 79.9% Staffed
The goal is Zero recordable OSHA workplace Injuries IAW OSHA standards with occupationally related injuries. 100% Reporting of "Near Misses"; immediate controls established; investigation completed within 5 days.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 1 ≤ recordable illness or injury; 100% reporting and correction. Amber: 2 - 3 recordable injuries Red: 3 - 4 recordable injuries Black: 5 or more recordable injuries
Emergency Services are ready and capable of responding to an emergent patient at all times (24/7). All services are staffed or have medical staff "on-call" to respond.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other	Green: Average emergency response is within 5 minutes at DSH sites (HU < 10 min). Amber: Average emergency response is within 8 minutes at DSH sites (HU < 15 min) Red: Average emergency response is < 10 minutes at DSH sites (HU < 20 min).

Standard (Objective)	Method of Surveillance (Measures)	Acceptable Quality Level/ Minimum Satisfactory Rating (Expectations)
	stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Black: Inability to respond to emergency by a dedicated EMS vehicle.
Sign In Roster and routing sheets used to ensure proper routing and recording of all patient interactions; with all pertinent information entered into the EMR charts during the visit or shortly thereafter and closed within 24 hours of patient visit.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 95% - 100% of charts reviewed have visit fully documented in patient's chart during visit/closed within 24 hours with no deficiencies.
		Amber: 80-94% of charts reviewed have visit fully documented in patient's chart during visit/closed within 24 hours with no deficiencies.
		Red: 60-79% of charts reviewed have visit fully documented in patient's chart during visit/closed within 24 hours charts have no deficiencies.
		Black: >59% or less of charts have significant lack of required information or were not entered into EMR during visit/closed w/in 24 hours.
Walk-in patients are seen within 30 minutes. Follow-up patients receive all required appointments within 24 hours. Scheduled patients are seen within 15 minutes. Specialty consultations are scheduled within 48 hours. Customer surveys show patients are satisfied with their medical care.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: On a scale of 1 to 5, an average of 4.5-5.0 patient satisfaction level
		Amber: Average of a 4.0-4.49 patient satisfaction level
		Red: Average of a 3.6-3.99 patient satisfaction level
		Black: An average >3.59 patient satisfaction level
All critical equipment is fully functional; critical equipment has been included in a Preventive Maintenance Inspection Program. Equipment to include CT, X-ray, Anesthesia, Ventilator, TeleMed Robot, Ultrasound, Lab, Ambulances.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: All facilities/critical equipment operational
		Amber: 1 system failure; adequate back up available
		Red: 2-3 system failures, with adequate back up available
		Black: 2-3 system failures with NO back up.

Standard (Objective)	Method of Surveillance (Measures)	Acceptable Quality Level/ Minimum Satisfactory Rating (Expectations)
Reliable Communications available thru TeleMed, Teleradiology, SATCOM, and EMR. Telecom, intranet and phones systems are maintained and readily available for use as needed.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 95% - 100% uptime for all sites
		Amber: 85% - 94.9% uptime for all sites
		Red: 75% - 84.9% uptime for all sites
		Black: <74.9% uptime for all sites
CHS Public Health Tech on site (BDSC, BEC, and Basrah) with no gap in coverage, able to conduct facility inspections (DFAC, Local Vendors, ROWPU, Receipt inspections, Bottle water, and MRE's), food handler training, foodborne illness investigations, vulnerability assessments and food extensions IAW the PWS.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 90% - 100% of all public health inspections complete at all sites. Complaint investigations started within 24 hours
		Amber: 80% - 89.9% of all public health inspections complete at all sites. Complaint investigations started after 24 - 48 hours
		Red: 70%-79.9% of all public health inspections complete at all sites. Complaint investigations started after 48 - 96 hours
		Black: <69.9% of all public health inspections completed at all sites. Complaint investigation started after 96 hours.
CHS coordinates, collects and successfully test all urine drug screening (UDS) for all DS contracted personnel as dictated by PWS.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 95% - 100% of all UDS requested, collected, and tested.
		Amber: 80% - 94.9% of all UDS requested, collected, and tested.
		Red: 70%-79.9% of all UDS requested, collected, and tested.
		Black: <69.9% of all UDS requested, collected, and tested.
Supplies (DSHs - 60 days and HUs - 30 days) are complete and maintained at 75% or better.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager.	Green: Supply stock levels maintained at 95% - 100% with 5% or less at zero balance.
		Amber: Supply stock levels fall between 85% - 94.9%
		Red: Supply stock levels fall between 84.9%-75%

Standard (Objective)	Method of Surveillance (Measures)	Acceptable Quality Level/ Minimum Satisfactory Rating (Expectations)
	The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Black: Supply stock levels fall under 74.9%
All government property will be 100% inventoried on an annual basis. Random cycle count physical inventories will be performed on a monthly basis in 10% percent increments. Inventory accuracy will be maintained at/or above 95%. Quarterly and annual PIB report will be submitted to the government in accordance with prescribed dates as per the contract.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: Property Inventory accuracy between 95% - 100%
		Amber: Property Inventory accuracy between 90% - 94.9%
		Red: Property Inventory accuracy between 85%-89.9%
		Black: Property Inventory accuracy below 84.9%
As a part of medical oversight, CHS provides their EMS Scope of Practice Model to the Diplomatic Security EMT-I's; CHS conducts medical oversight consisting of verification and maintenance of the EMT-I's credentials and licenses. Validates the training proficiency of each EMT-I through annual skills testing.	COR to meet weekly with the Contractor Program Manager; COR will collect feedback from customers and address with the Program Manager and request a response/resolution from the Program Manager. The CO, COR, Program Manager and other stakeholders will conduct a monthly teleconference (Integrated Program Review/IPR) to identify, discuss and resolve any ongoing issues. Independent review of reported metrics in each IPR.	Green: 95% - 100% of EMT-I's in country validated
		Amber: 80% - 94.9% of EMT-I's in country validated
		Red: 60% - 79.9% of EMT-I's in country validated
		Black: 59.9% or less of EMT-I's in country validated

3.3. Periodic Progress Review Meetings

The CO, COR, and other Government personnel may meet periodically with the Contractor to review the Contractor's performance. At these meetings, the CO will apprise the Contractor of how the Government views the Contractor's performance, and the Contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues. These meetings shall be at no additional cost to the government.

3.4 Key and Card Control

The Contractor shall establish and implement methods of making sure all keys/cards issued to the Contractor by the Government are not lost or misplaced and are not used by unauthorized persons. No keys or cards issued to the Contractor by the Government shall be duplicated. The Contractor shall develop procedures covering key and card control that shall be included in the QCP. Such procedures shall include turn-in of any issued keys/cards by personnel who no longer require access to locked areas. The Contractor shall immediately report any occurrences of lost or duplicate keys to the COR.

3.5 Customer Satisfaction

The Contractor is expected to maintain a customer-focused approach to the work, ensuring a high level of customer and patient satisfaction. The Contractor shall develop a customer satisfactory survey that can be distributed in two fashions: 1) one version will be utilized for customers/patients that do not have access to a computer or email; 2) the second version will be electronic (e.g., survey monkey). After a patient has visited a HU or DSH, the Contractor shall ask the patient whether they would like to fill out a hard copy survey or have it be distributed via email to the electronic version. The Contractor will be responsible for tracking the number of hard copy surveys versus electronic surveys completed. The survey shall utilize an evaluation rating scale of: (5) Very Satisfied; (4) Satisfied; (3) Neutral; (2) Dissatisfied; (1) Very Dissatisfied. The survey shall solicit patient feedback on the overall experience of utilizing the Contractor's medical services. The Contractor shall prepare the survey for COR approval prior to implementation. The Contractor shall develop monthly summary reports listing number of patients seen, survey results received, and any actions planned or taken to improve or strengthen areas that are reported as less than "Satisfied." The survey form shall also include a section for respondents to include additional information and an optional box if the patient would like to discuss any issues with the COR. The Government shall have access to all survey results and raw data.

4.0 PERSONNEL

The Contractor shall provide adequate staff to support the number of personnel/estimated population at risk identified in Table 1. The Contractor shall ensure:

a) All health care providers are licensed to U.S. or equivalent standards and physicians shall be qualified by U.S. or equivalent specialty boards.

b) All primary care providers (Physicians, Physician Assistants and Nurse Practitioners) hold current credentials in trauma care (e.g., ATLS, CALS or equivalent) and cardiac care (ACLS or equivalent).
c) All health care providers remain licensed, certified and credentialed throughout the performance of this task order.
d) An adequate workforce exists for uninterrupted performance of all tasks defined in this Task Order.
e) The Contractor shall provide medical provider transcripts as part of confirmation of licenses and certifications.
f) All Physicians, Physicians Assistants and Nurse Practitioners supporting DS as outlined in Section 2.2.6 shall hold a current unrestricted medical license in a U.S. state or territory, unrestricted DEA registration, certification in Advanced Trauma Life Support, Cardio-Pulmonary Resuscitation, Advanced Cardiac Life Support, and annual training in the control of Protected Health Information that complies with requirements dictated in the Health Insurance Portability and Accountability Act and other relevant laws and regulations.

4.1 Key Personnel

Location	Key Personnel
Baghdad Embassy Compound	• Medical provider with specialty in either emergency services, family practice, or internal medicine; may require higher levels of medical expertise due to the size of potential referral population; may serve as a consultant for Condor • Physician Assistant/Nurse Practitioner
Baghdad Diplomatic Support Center (BDSC)	• Medical provider with specialty in either emergency services, family practice, or internal medicine; may require higher levels of medical expertise due to the size of potential referral population; may serve as a consultant for Condor • Physician Assistant/Nurse Practitioner
Basrah	• Medical provider with specialty in either emergency services, family practice, or internal medicine; may require higher levels of medical expertise due to the size of potential referral population; may serve as a consultant for Condor • Physician Assistant/Nurse Practitioner
Condor	• Physician Assistant/Nurse Practitioner
Erbil (Ankawa)*	• Registered Nurse

4.2 Site Director

The Contractor shall identify a Site Director for each DOS location it supports. Site Directors shall be physicians or Physician Assistants.

Location	Site Director
Baghdad Embassy Compound	Sarah Benson, PA-C
Baghdad Diplomatic Support Center (BDSC)	Virginia Johnston, PA-C
Basrah	Lisa Escalante, PA-C
Condor	Kevin Marsh, PA-C
Erbil (Ankawa)*	N/A
DS Support	Douglas Chadbourne, MD

4.3 Program Manager

The Contractor shall provide a Program Manager who shall be responsible for the performance of the work. The name of this person and an alternate (Deputy Program Manager) who shall act for the Contractor when the Program Manager is absent shall be designated in writing to the CO. The Program Manager or alternate shall have full authority to act for the Contractor on all contract matters relating to daily operation of this contract.

5.0 ADDITIONAL INFORMATION

5.1 Security Requirements

Personnel performing under this task order shall have a Moderate Risk Public Trust (MRPT) clearance.

5.2 Contractor Conduct

The Contractor shall ensure that its personnel comply with all applicable Government regulations, policies and procedures when visiting or working at Government facilities. The Contractor shall ensure their employees present a professional appearance at all times and that their conduct shall not reflect discredit on the United States or the DOS.

Contractor personnel assigned to the contract shall observe appropriate standards of conduct, as well as any special standards of conduct promulgated by the local embassy/post to govern U.S. Government personnel. Non-adherence to the provisions of the above may subject contractor personnel to removal at the contractor's expense.

5.2.1 Removal of Individual Contractor Employees for Cause

This Section expounds on the requirements of the base contract identified in Section H.20, Standards of Conduct. A determination to remove a contract employee from a post or site, or from contract performance due to misconduct or unsuitability may involve, but is not limited to, the following types of misconduct or delinquency that may be documented by the COR or RSO:

a) Notoriously disgraceful conduct, to include the frequenting of prostitutes, engaging in public or promiscuous sexual relations, spousal abuse, neglect or abuse of children, manufacturing or distributing pornography, entering into debts the employee could not pay, or making use of one's position or immunity to profit or to provide favor to another or to create the impression of gaining or giving an improper favor.

b) Failure to report notoriously disgraceful conduct and/or non-compliance of other employees (DOS, contractor or foreign national) in accordance with existing post and DOS policies and regulations.

c) Neglect of duty, unsatisfactory performance, unreasonable delays or failure to carry out assigned tasks, conducting personal affairs during official time, refusing to render assistance/cooperate in upholding the integrity of the objectives of this contract and task order.

d) Falsification or unlawful concealment, removal, mutilation or destruction of any document or record, or concealment of material facts by willful omissions from documents or records. Improper use of credentials, badges or official papers.

e) Disorderly conduct, use of abusive or offensive language, quarreling, intimidation by words or actions, or fighting. Participation in disruptive activities that interfere with the normal efficient operations of the worksite.

f) Theft, vandalism, immoral conduct, or any other criminal action under U.S. or host country law.

g) Selling, consuming or being under the influence of drugs, or other illegal substances that produce similar effects.

h) Abuse of alcohol.

i) Any evidence that would indicate that the individual is guilty of security violations including black market dealings, currency manipulation, violations of the post contact policy regarding criteria country nationals, espionage or treason.

j) Noncompliance with post/site security and reporting policies

5.3 Media Relations

The Contractor shall advise all employees and subcontractors of its established policy and guidelines for dealing with media, press and other inquiries about the company's customers, business, and other information deemed important and/or business sensitive. A copy of the company's media relations policy as well as that of any subcontractor shall be provided to the Contracting Officer 10 days after task order award. The Contractor shall provide a copy of their media policy to the CO and COR anytime it changes.

5.4 Deliverables

Deliverables produced under this contract shall be classified in accordance with security classification instructions. The following deliverables are required: Monthly Metrics Report, weekly updates, monthly slides and program reviews, monthly patient report, weekly blood report, and daily PERSTAT.

5.5 Non-Personal Services

The Government will neither supervise contractor employees nor control the method by which the contractor performs the required tasks. It shall be the responsibility of the Contractor to manage its employees and to guard against any actions that are of the nature of personal services, or give the perception of personal services. If the Contractor feels that any actions constitute, or are perceived to constitute personal services, it shall be the Contractor's responsibility to notify the CO immediately. These services shall not be used to perform work of a policy/decision making or management nature, i.e., inherently Governmental functions. All decisions relative to programs supported by the contractor shall be the sole responsibility of the Government.

5.6 Contracting Officer's Representative

The Contracting Officer's Representative (COR) for this task order is Belgin J. Vanderploeg.

5.7 Medical Supplies and Equipment

The Contractor shall:

a) Be responsible for all supply chain management processes to support the operations of health care facilities. This includes determining what pharmaceuticals, medical supplies, and medical equipment are required to sustain patient care operations.

b) Find sources for material ordered and ensure all material meets U.S. FDA or European Medicines Agency (EMA) approved-use. The Contractor is responsible for any import fees, tariffs, and/or taxes imposed by Iraq as well as the completion of all cross-border documentation required.

c) Be responsible for identifying the necessary equipment and outfitting each of the health care facilities with the equipment and supplies required to provide health care support and maintain operations. The Contractor shall, to the maximum extent practicable, utilize Government Furnished Equipment (GFE) prior to ordering new equipment. The list of GFE is provided in Attachment B.

5.7.1 Biomedical Equipment Maintenance and Repair

The Contractor shall provide maintenance to include calibration and repair of all medical equipment, to include CT scanners. In addition, the contractor will provide bio med maintenance on a quarterly basis and submit an after action maintenance report within five days of the audit

being performed. The maintenance will be limited basic to repair and services as well as calibration but will not include parts or batteries for the equipment. The Contractor shall provide assembly of equipment purchased in support of this contract in accordance with the Original Equipment Manufacturer (OEM) instructions. The Contractor will also provide automated external defibrillation (AED) maintenance and support to include the positioning of the assets. The Contractor shall provide: training to ensure residents know how to use the AEDs; maintenance and monthly checks of the equipment to ensure AED serviceability; and the ordering of parts/supplies to repair the AEDs. The Contractor shall coordinate the ordering of parts/supplies to repair or replace AEDs with the COR.

5.8 Housekeeping

The Contractor shall perform cleaning and sanitization requirements above the standard housekeeping cleaning to meet the Centers for Disease Control and Prevention (CDC) guidelines for environmental infection control in health care facilities. Any specialized housekeeping requirements for operating rooms will be the Contractor's responsibility to fulfill.

5.9 Shipping Address

The shipping address for material shipments under this task order is:

U.S. Embassy
Al Kindi Street
International Zone
Baghdad Iraq

5.10 Ethics

The Contractor shall follow all Government-mandated ethics rules regarding the acceptance of gifts or gratuity (to include gifts and gratuity received from any Foreign Missions or Coalition Forces).

6.0 DELIVERABLES

The contractor shall submit the following deliverables in accordance with the time schedule identified:

Deliverable	Frequency	Format	Submit To
Quality Control Plan	Within 30 days of task order award	Microsoft Word or PDF	CO + COR
Program Management SOPs	Within 30 days of task order award	Microsoft Word or PDF	CO + COR
Program Review Briefing	Monthly	Microsoft PowerPoint +	CO + COR

		VTC/Telecon	
Activity Report	Weekly	Microsoft Word or PDF	CO + COR
Metrics Report	Monthly	PDF	CO + COR
Patient Report	Monthly Tenth day of month	Microsoft Excel or Word	CO + COR
Personnel Status Report	Daily	Microsoft Excel or Word	CO + COR
Travel Report	Monthly – First day of month	Microsoft Excel or Word	CO + COR
GFP Property Inventory Report	Annually	Microsoft Excel or Word	CO + COR
Electronic Survey Form	15 days after task order award	Electronic	COR

LIST OF ATTACHMENTS

Attachment A: Mortuary Affairs
Attachment B: Government Furnished Equipment and Contractor Acquired Property
Attachment C: Crash Cart List
Attachment D: Approved Staffing Plan

ATTACHMENT A: MORTUARY SERVICES

Overview

The Contractor shall provide trained personnel, professional services, supplies, up to 10 death certificates per death, and suitable shipping containers ("caskets") and perform hygienic practices as specified in this section of the task order. The Government will provide facilities, initial equipment including human remains pouches and metal caskets, and refrigeration units. The Contractor shall receive remains, and ready remains for repatriation. The DoD, Embassy Management Office, another federal agency and/or another individual contractor will make arrangements for receipt and repatriation of remains. The Contractor shall comply with industry standards in performing the items specified below.

Requirements

The Contractor shall be responsible for providing services to a standard and quality that ensures the professional handling, processing, and preparation for transportation of remains. The Contractor shall practice hygienic measures that shall ensure complete and satisfactory disinfections and sanitation of all associated facilities and equipment. All supplies and *applicable* technical procedures shall conform to the standards and professional guidance as outlined in Joint Publication 4-06, Mortuary Affairs in Joint Operations.

The BDSC LDSH and Basrah SDSH shall be prepared to serve as processing centers for remains leaving Iraq. Repatriation from any of these sites may require transfer of remains to a different location, and will not be the responsibility of the Contractor except at the shipping and receiving end of the transfer.

Upon notification of a death, the Contractor, using a defined matrix, shall notify the identified points of contact who may include the RSO, RMO, COR and GSO. Processing will include prompt refrigeration of remains or application of suitable ice packs if refrigeration is not immediately available and until transfer to a suitable facility is effected.

Processing Remains

Unidentified Remains

If identification cannot be officially established, the remains shall be placed under refrigeration at 38-40 degrees F (3.3-4.4 degrees C). If mechanical refrigeration is not available within a reasonable distance, ice chests or ice packs shall be used in lieu of mechanical refrigeration. If remains come in without any type of picture identification, a company or unit representative that is present shall fill out a DD Form 565, Statement of Recognition of Deceased. If no identification or DD Form 565 is available the remains shall be considered "UNIDENTIFIED." Processing shall not be finalized until remains are released as identified by a DOS official.

Remains of Armed Forces Members

Processes for preparing military members shall be done in accordance with DoD guidance and direction. The Contractor shall get two points of contact from the unit delivering the remains. If the deceased had their interceptor body armor (IBA) and Kevlar on at the time of incident, these items must be held in the Contractor's possession. With the exception of refrigeration of remains, no further processing is advised until the Theater Mortuary Affairs office has been contacted.

Remains of U.S. and DoD Civilians

Processes for preparing U.S. and DoD civilians shall be done in accordance with DoD and DOS guidance and direction. The Contractor shall prepare a DA Form 2064 that includes the deceased individual's information and signed by the Contractor's medical officer. All personal property shall be packaged separately and placed with the remains.

Remains of Local Nationals

Local Nationals, which includes Iraqi Civilians, Iraqi Police, and Iraqi Military Forces, shall be held without processing and transferred to family members or Ministry of Health as soon as possible in coordination with RSO direction.

Treatment of Remains

Frequently, final disposition of processed or reprocessed remains may not be completed for a period of days, due to transportation "red days, no fly" or competing priorities. Additionally, using two to three carriers may cause long transit times with remains subjected to hot temperatures while waiting for next leg of flight. In these situations, when possible, the Contractor shall place remains under refrigeration at 38-40 degrees F (3.3-4.4 degrees C); if this is not possible, ice shall be packed around remains as necessary.

Sanitization ("surface disinfection") may or may not be a requirement for onward repatriation or company or DoD policy. Therefore, while the need for sanitization will be determined on an individual basis, the Contractor must be capable of providing this service in the event it is requested or required.

Transportation of Remains

Movement from a Site without Mortuary Affairs

Human remains shall be pouched in human remains pouches (mortuary bags) with large ice bags (plain, double bagged ice) placed along the lateral sides of the remains and one behind the neck and shoulders outside the pouch of the remains. All personal effects shall be placed in a separate pouch and placed with the remains. When possible, unit or company personnel will accompany the remains.

Movement of Remains from BDSC Out of Iraq

The Contractor shall prepare remains as described above; the contractor will work with the designated agency or shipping agent to ensure a successful transfer of remains.

Movement of Remains from Basrah

The Contractor shall prepare remains as described above; the Contractor will work with the designated agency or shipping agent to ensure a successful transfer of remains. If required, remains may be sent to BDSC for further repatriation.

ATTACHMENT D: APPROVED STAFFING PLAN

Position	Total OY4	Nationality
BEC HU Staffing		
Administrative Assistant	0.00	N/A
Deputy Director of Public Health	1.00	AN
EMT-Paramedic	6.00	AN
EMT-Paramedic - Lead	1.00	AN
Family, Emergency, or Internal Med Provider	1.00	AN
Logistics Specialist	1.25	AN
Registered Nurse	2.00	TCN
*Physician Assistant/Nurse Practitioner – Lead (***Site Director and Task Order Key Personnel***)	1.25	AN
Public Health Technician	2.00	
Grand Total	**15.50**	

Position	Total OY4	Nationality
Condor HU Staffing		
Clinical Assistant (TCN)	1.00	TCN
EMT-P	3.00	AN
Registered Nurse	2.00	AN
Physician Assistant/Nurse Practitioner	0.00	AN
*Physician Assistant/Nurse Practitioner - Lead (***Site Director and Task Order Key Personnel***)	1.25	AN
Grand Total	**7.25**	

Position	Total OY4	Nationality
Basrah SDSH Staffing		
Administrative Assistant	1.00	AN
Biomedical Technician	1.25	AN
Dental Assistant	0.25	AN
Dentist	0.25	AN
EMT-Paramedic	7.00	AN
EMT-Paramedic - Lead	1.00	AN
Family, Emergency, or Internal Med Provider	1.25	AN
General Surgeon	1.25	AN
Information Technology Specialist (IT Specialist)	1.25	AN
Logistics Specialist	1.25	AN
Medical Lab Technician	0.00	AN
Registered Nurse	2.00	AN
Registered Nurse - Lead	1.00	AN
Medical Technologist	1.25	AN
Nurse Anesthetist	1.25	AN
Operating Room (OR) Nurse	1.25	AN
Operating Room (OR) Technician	1.25	AN

Position	Total OY4	Nationality
Pharmacy Technician	1.25	AN
Physician Assistant/Nurse Practitioner	0.00	AN
*Physician Assistant/Nurse Practitioner – Lead (*Site Director and Task Order Key Personnel*)	1.25	AN
Public Health Technician	2.00	AN
Radiology Technician	1.25	AN
Grand Total	**29.50**	

Position	Total OY4	Nationality
BDSC LDSH Staffing		
Administrative Assistant	1.00	LN
Behavioral Health Specialist	1.00	AN
Biomedical Technician	0.75	AN
Chief Medical Maintenance	1.00	AN
Chief Medical Officer	1.00	AN
Dental Assistant	1.75	AN
Dentist	1.75	AN
Deputy Director of Logistics	1.00	AN
Deputy Director of Public Health	0.00	
EMT-Paramedic	7.00	AN
EMT-Paramedic – Lead	1.00	AN
Family, Emergency, or Internal Med Provider	2.75	AN
General Surgeon	2.75	AN
Housekeeper	5.00	LN
Housekeeper Lead	1.00	LN
Housekeeper Supervisor	2.00	LN
Housekeeper/Mechanic	1.00	LN
ICU Nurse	2.75	AN
Information Technology Specialist (IT Specialist)	1.75	AN
Logistics Specialist	1.50	AN
Medical Lab Technician	1.00	AN
Registered Nurse	2.00	AN
Registered Nurse – Lead	1.00	AN
Medical Technologist, MLS (ASCP)	1.75	AN
Nurse Anesthetist	2.75	AN
Operating Room (OR) Nurse	1.75	AN
Operating Room (OR) Technician	1.75	AN
Patient Administration Technician	2.00	AN
Pharmacist	1.00	AN

Position	Total OY4	Nationality
BDSC LDSH Staffing		
Pharmacy Technician	1.75	AN
Physician Assistant/Nurse Practitioner	2.00	AN
Physician Assistant/Nurse Practitioner – Lead	1.25	AN
Property Book Manager	1.00	AN
Property Clerk	1.00	LN
Property Specialist	3.00	AN
Public Health Technician	2.00	AN
Radiology Technician	2.75	AN
Registered Executive Housekeeper	1.00	LN
Sr. Biomedical Technician	0.00	AN
Sr. IT Network Specialist	1.00	AN
Sr. IT Specialist	1.00	AN
Transportation Coordinator	2.00	LN
Warehouse Manager	1.00	AN
Grand Total	**73.50**	

Position	OY4 Total	Nationality
Erbil HU Staffing		
Registered Nurse – Lead (***Site Director***)	1.25	AN
Grand Total	**1.25**	

Position	OY4 Total	Nationality
DS Support Staffing		
Medic Trainer (OCONUS)	0.50	AN
Administrative Assistant (OCONUS)	1.50	AN
EMT-Paramedic (OCONUS)	0.00	
Client Service Administrator (CONUS)	0.20	N/A
Client Service Support (CONUS)	0.10	N/A
Training Manager (CONUS)	0.10	N/A
Grand Total	**2.40**	

Position	OY4 Total	Nationality
OCONUS PMO Staffing		
Administrative Assistant	3.00	AN
Administrative Assistant (LES)	1.00	LN
Business Administration Manager	1.00	AN
Deputy Director, EMS	1.00	AN
Deputy Director Operations	1.00	AN
Deputy Program Manager	1.00	AN
Director Ambulance Operations	1.00	AN
Director of Logistics	1.00	AN
Director of Public Health and Quality Assurance	1.00	AN
IT Director	1.00	AN
Program Manager	1.00	AN
Special Projects Liaison	1.00	AN
Sr. Business Admin Manager	1.00	AN
Grand Total	**15.00**	

Position	OY4 Total
CONUS PMO Staffing	
Administrative Clerk – provides administrative support to all functional areas of the MSSI program, to include travel department, recruitment, deployment, procurement.	0.00
Asst. Exam Program Manager – provides medical oversight to all deploying staff member medical/dental/psych components.	0.10
Client Service Administrator – schedule/coordinate medical, immunization, lab, dental and psychiatric exams; follow up on results and coordinates MD review.	0.75
Facility Security Officer – manages MRPT clearance process; coordinates candidate clearance input; QA/QCs MRPT clearance package before submission.	1.00
Jr. Project Manager – manages/coordinates deployment and travel requests; assists with managing PTO QA/QC program; assists with deployed staff position coverage analysis; assists with the deployed staff medical readiness program; tracks program clinical data metrics; completes additional studies and analysis as needed.	2.00
Logistics Specialist – provides logistics support; receives, packages, ships medical supplies and equipment to MSSI OCONUS locations.	1.00
Medical Review Officer – completes medical determinations on all deploying staff; completes determinations on all staff requiring further evaluation; completes MRO review on non-negative MSSI drug screens; completes QA/QC on all negative and non-negative UDS reports.	0.20
PA/NP – completes resume reviews on all mid-level candidates; provides medical reachback to deployed mid-level providers; provides QA/QC chart review assistance; assists with medical formulary reviews and changes.	0.50
Program Support Lead – Backfills the Staffing Program Support	2.00

Position	OY4 Total
CONUS PMO Staffing	
Manager; Manages all Project Coordinator Tasks; Coordinates Applicant Foreign Service Agreement (FSA)/Employment Letter; Coordinates Background Screens with FSO; Requests Applicant Medical Exam; Provides QA/QC to Applicant SharePoint Coordinator; Identifies/Coordinates Applicants for Short-Term Backfill Assignments; Assists with Tracking EOC Dates; Assists for FSAs; Prepares reports covering all recruitment efforts and initiatives.	
Project Coordinator – provides operational support to recruitment, onboarding, orientation, credentialing, licensing, deployment and travel efforts; New Applicant Tracking; Review Applicant Resumes; Coordinate Applicant Resume Reviews; Completes Applicant Onboarding; Creates Applicant Folder; Initial Travel/Lodging Arrangements; Provides Applicant Communication; Completes Staffing Review; Requests eQIP Initiation; Tracks Licenses, Certifications, Training; Requests Credentialing; Creates CHS Orientation/Deployment Schedule; Coordinates IT, Online Training, Finance; Coordinates Personal Security Training; Requests LOA/CAC; Reviews Deployment Packet; Requests Medical Packet; Coordinates STEP Enrollment; Updates MSSI SharePoint Coordinator Personnel Tool; Requests Deployment Travel; Assists with Visa Request; Cancels LOA/CAC (EOC); Coordinates Deployment/PTO Travel with Applicant and OCONUS Movement; Schedules Deployment/PTO Travel with Vendor; Tracks Deployment/PTO Travel; Creates 90-Day Travel Report; Submits 90-Day Travel Report to MSSI COR	6.00
Project Manager - manages PTO QA/QC program; manages deployed staff position coverage; manages deployed staff medical readiness program; completes additional studies and analysis as needed.	1.00
Registered Nurse – reviews/coordinates deployment exams and medical clearance recommendations.	0.50
Security Support Assistant – assists candidates with completing Moderate Risk Public Trust clearance paperwork; completes clearance packages; submits packages to DOS for processing.	3.00
Sr. IT Systems Analyst – manages, creates, and coordinates SharePoint development for the MSSI program. Ensures business tools are developed in SharePoint for use by OCONUS and CONUS staff to track personnel, operational SITREPs, staff travel, environmental conditions, licensing, credentialing and certification.	1.00
Staffing Program Manager – manages overall staff recruitment, onboarding, orientation, deployment, demobilization, licensing, credentialing and certification. Compiles recruiting, orientation, deployment, demobilization, licensing, credentialing and certification reports and any other report with respect to deployable staff.	1.00
Training Manager – Coordinates/tracks training; Anticipates operational issues and training impacts; Provides reach back for training questions/issues; Performs medical intelligence and surveillance; Provides input to clinical staff licensure, certification and credentialing; Reviews EMT and other ancillary medical staff resumes and provides employment recommendations; Researches	1.00

Position	OY4 Total
CONUS PMO Staffing	
current medical training trends and requirements; Provides UDS training and manages the UDS MRO process and tracking.	
Grand Total	**21.05**